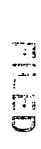
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(City/State/Zip/Phone #)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FOUNDATION RESQ, INC					
	DOCUMENT NUMBER: P17000080335				
The enclosed Articles of	Amendment and fee are su	bmitted for filing.			
Please return all correspond	ondence concerning this ma	tter to the following:			
(HAD SWEARINGEN				
_		Name of Contact Persor	 1		
į.	FOUNDATION RESQ, INC				
_		Firm/ Company			
<u> </u>	1400 VILLAGE SQUARE BLVD				
_	. 	Address			
т 	ALLAHASSEE, FL 32312				
		City/ State and Zip Code	•		
CHAD	@FOUNDATIONRESQ.CG	OM	,		
	E-mail address: (to be us	sed for future annual report	notification)		
For further information concerning this matter, please call:					
CHAD SWEARINGEN		at (
Name of	Contact Person	Area Coo	de & Daytime Telephone Number		
Enclosed is a check for t	he following amount made p	payable to the Florida Depa	rtment of State:		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Amend Divisio P.O. B	ng Address Iment Section on of Corporations ox 6327 assee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301		

Articles of Amendment to Articles of Incorporation of

FOUNDATION RESQ, INC.	
(Name of Corporation as current	ly filed with the Florida Dept. of State)
P17000080335	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
	99
	- H SH
C. Enter new mailing address, if applicable:	1 (元) (c) 事
(Mailing address MAY BE A POST OFFICE BOX)	20 TO 44
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
new registered agent amage the new registered office address	2.
Name of New Registered Agent	
(Florida su	reet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent	
I hereby accept the appointment as registered agent. I am familiar	
Cimarina of Vina	Registered Agent, if changing
Signature () in New P	мерыненей луки. И стапуту

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doc	
\underline{X} Remove	$\underline{\mathbf{V}}$	Mike Jones	
<u>X</u> Add	\underline{SV}	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) X Change	PST	CHAD SWEARINGEN	1400 VILLAGE SQUARE BLV
Add			STE 3-280
Remove			TALLAHASSEE, FL 32312
2) Change	MGR.	JUSTIN BEALL	
Add			
X Remove			
3) Change			<u> </u>
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Add Remove			
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
· · · · · · · · · · · · · · · · · · ·	
	
<u></u>	
nrovisions for implementing the ame	nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

	6/7/2019	
The date of each amendment(s) acd attention that this document was signed.	loption:	, if other than the
-	2019	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing requirements, this dat partment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) flicient for approval.)
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder	r
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated <u>08</u>	-29-19	
<i>(-</i>	he Am	
Signature	rector, president or other officer – if directors or officers have not been	
	I, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ed fiduciary by that fiduciary)	
	$A(A) \cap C$	_
	Chad Swearinger	<u>/_</u>
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	